

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1938  
 JAN 5 1939

MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

44672

**1. PLACE OF DEATH**  
 County Stoddard Registration District No. 836  
 Township 1 Primary Registration District No. 6100  
 City (No. ) St. Ward)

**2. FULL NAME** Fred Frankland Powell  
 (a) Residence, No. St. Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1900

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>9</u>	<u>38</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trick Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 7 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Mo

13. NAME Charles D. Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Co. Mo.

15. MAIDEN NAME Mrs. L. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Mo

17. INFORMANT Charles Powell

18. BURIAL, CREMATION, OR REMOVAL PLACE Section one DATE 12/19 1938

19. UNDERTAKER (ADDRESS) W. H. Brown

20. FILED 1-5 1939 Laura Hopkins Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1938, to Dec 17 1938, 1938  
 I last saw him alive on Dec 17 1938. Death is said to have occurred on the date stated above, at 8:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
 Date of onset

Other contributory causes of importance: 94"

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19...  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) D. J. Cannon M. D.  
 (Address) Dexter, Mo.

